

EDUCATIONAL LEAVE FORM

CITY OF ALBUQUERQUE
TUITION ASSISTANCE AND EDUCATIONAL LEAVE
APPLICATION
SUMMER, 2006 SEMESTER

NAME: _____ E-Mail _____

OTHER NAME(S) UNDER WHICH YOU HAVE BEEN EMPLOYED BY THE CITY:

EMP ID# _____ SEX: MALE _____ FEMALE _____

DEPARTMENT _____ DIVISION _____

JOB TITLE _____ GRADE _____

DATE OF HIRE _____ CLASSIFIED/UNCLASSIFIED _____

TEMP/PERM/PART-TIME _____

WORK PHONE _____ HOME PHONE _____

CIRCLE HIGHEST DEGREE OBTAINED:

HIGH SCHOOL / BACHELOR'S / MASTER'S

THESE COURSES WILL BE APPLIED TOWARD: (CHECK ONE)

SKILLS IMPROVEMENT: _____

UNDERGRADUATE DEGREE: _____ WHAT DEGREE? _____

GRADUATE DEGREE: _____ WHAT DEGREE? _____

HOW MANY CREDIT HOURS TOWARD THIS DEGREE DO YOU HAVE? _____

Course Title & #	CREDITS	INSTITUTION	DURING WORK HOURS? Y or N

WILL YOU GRADUATE AFTER THIS CLASS (S)? YES _____ NO _____

(Please provide complete information for consideration by the Training and Education Committee.)

NO DEADLINE

1. HAVE YOU RECEIVED ANY CHANGES IN JOB DUTIES (i.e. PROMOTIONS, NEW DUTIES/ RESPONSIBILITIES, LATERAL MOVES) SINCE USING THE CITY'S TUITION ASSISTANCE PROGRAM? YES_____ NO_____

IF YES, HOW OFTEN? #_____

2. ARE YOU REQUESTING OR RECEIVING TUITION ASSISTANCE FROM OTHER SOURCES? YES_____ NO_____

IF YES, PLEASE EXPLAIN, INCLUDING SOURCE AND AMOUNT.

3. HAVE YOU RECEIVED CITY TUITION IN THE PAST? YES _____ NO_____

PLEASE FILL OUT EITHER SECTION A OR SECTION B ON THE FOLLOWING PAGE. PLEASE NOTE THAT EMPLOYEES ON PROBATION ARE NOT ELIGIBLE FOR THE CITY 'S TUITION ASSISTANCE PROGRAM. IT IS THE EMPLOYEE'S RESPONSIBILITY TO SUBMIT THE TUITION APPLICATION TO THE

TRAINING DIVISION, PLAZA DEL SOL, SUITE 700

FOR MORE INFORMATION CALL

CATHERINE GARCIA, 924-3808.

4. THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND IS OPTIONAL:

NATIVE AMERICAN _____ HISPANIC _____ BLACK _____

WHITE _____ OTHER _____

*** I AM REQUESTING EDUCATIONAL LEAVE. I UNDERSTAND THAT THE MAXIMUM AMOUNT ALLOWED IS THREE HOURS PER WEEK AND THAT DEPARTMENT APPROVAL SIGNATURES ARE REQUIRED.**

- NUMBER OF LEAVE HOURS REQUESTED PER WEEK.**

_____ Days _____ Times _____

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYEE LEAVE: APPROVED DISAPPROVED

SUPERVISOR _____ _____

DIVISION MANAGER _____ _____

DEPARTMENT DIRECTOR _____ _____

PLEASE RETURN A COPY OF THIS FORM TO:

CATHERINE GARCIA AT L.E.A.D.,

ctgarcia@cabq.gov Tel: 924-3808

**PLAZA DEL SOL BUILDING, 600 SECOND
STREET NW, SUITE 700**